

**BLAKELY
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PARTNERSHIP INCLUDING
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CENTRAL FAX CENTER****SEP 19 2005****FACSIMILE TRANSMITTAL SHEET**

Deliver to: Examiner James D. Rutten, Art Unit 2192
Firm Name: U.S. Patent & Trademark Office
Fax Number: 571-273-8300
From: Joni D. Stutman-Horn Operator: Anne Collette
Date: September 19, 2005
App. No.: 10/002,060
No. of pages: 13 (including cover sheet)
Client/Matter: 42P12718 Docket Date: 9/19/2005 Atty: JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal (1 page)
- 3) Response to Office Action (10 pages)

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OIPE/IAP****SEP 20 2005**

Thank you.

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By: <u>Anne Collette</u> Anne Collette	Date: <u>September 19, 2005</u>

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PTO/SB/21 (09-04)

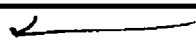
Approved for use through 07/31/2008. OMB 0651-0031

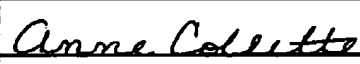
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TRANSMITTAL FORM		Application Number	10/002,060
		Filing Date	October 31, 2001
		First Named Inventor	Mason B. Cabot
		Art Unit	2192
		Examiner Name	James D. Rutten
(to be used for all correspondence after initial filing)		Attorney Docket Number	42P12718
Total Number of Pages in This Submission (not including this page)		11	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Blakely, Sokoloff, Taylor & Zafman LLP		
Signature			
Printed name	Michael J. Mallie		
Date	September 19, 2005	Reg. No.	36,591

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Anne Collette	Date	September 19, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)**Complete if Known**

Application Number	10/002,060
Filing Date	October 31, 2001
First Named Inventor	Mason B. Cabot
Examiner Name	James D. Rutten
Art Unit	2192
Attorney Docket No.	42P12718

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CENTRAL FAX CENTER**SEP 19 2005****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = x = **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = x = **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
<u> </u>	<u> </u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u>	<u> </u> / 50 = <u> </u>	(round up to a whole number) x <u> </u>	= <u> </u>	<u> </u>

4. OTHER FEE(S)

1) Extension for response within first month (Fee Code 1251)	Fees Paid (\$)
	120.00

SUBMITTED BY

Signature	Registration No. 36,591 (Attorney/Agent)	Telephone 408-420-8300
Name (Print/Type) Michael J. Mallie		Date September 19, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/002,060
Attorney Docket No.: 42P12718

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SEP 19 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Mason B. Cabot et al.

Application No.: 10/002,060

Docket No.: 42P12718

Filed: Oct. 31, 2001

For: **STATISTICAL SAMPLING PROCESS**

Examiner: James D. Rutten

Art Unit: 2192

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT AFTER FINAL AND
PETITION FOR A ONE MONTH EXTENSION OF TIME**

Dear Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicants for the above-identified application respectfully petitions the Commissioner for a one (1) month extension of time, extending the period for response to Sep. 19, 2005, from the Office Action dated May 19, 2005. Please charge the petition filing fee of \$120.00 to Deposit Account No. 02-2666.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A Fee Transmittal is enclosed for deposit account charging purposes.

In response to the Office Action of May 19, 2005, please reconsider the pending claims based on the following amendment.

09/20/2005 SDENB0B1 00000056 022666 10002060

01 FC:1251 120.00 DA

CERTIFICATE OF TRANSMISSION

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By: Anne Collette
Anne Collette

Date: September 19, 2005